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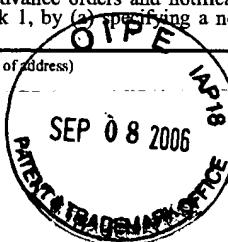
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7590 08/02/2006

Chi-Tung Chang
 7F., NO. 213
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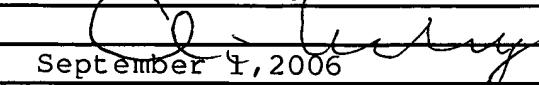
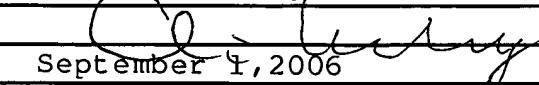
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Chang, Chi-Tung 	(Depositor's name)
September 1, 2006 	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/787,403	02/24/2004	Chi-Tung Chang	P02995-F017	4523

TITLE OF INVENTION: METHOD FOR AUTOMATICALLY REGULATING AN OSCILLATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, VINCENT HUY	2115	713-400000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Alcor Micro, Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Taiwan, R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

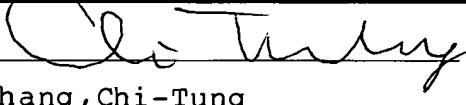
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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date September 1, 2006

Typed or printed name Chang, Chi-Tung

Registration No. _____

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